PAGE 1 / 24

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOKIM SX	For Other Than An Aut	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
WOMEN SPEAK OU	T PAC		
ADDRESS (number and street)	2800 Shirlington Rd		
▼ Check if different	Suite 1200		
than previously reported. (ACC)	Arlington		VA 22206
2. FEC IDENTIFICATION I	NUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00530766		S THIS REPORT (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	o 20 (M2) May 20 (Mr 20 (M3) Jun 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report	(O1)	r 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report	(O2) PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report		on on	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Repo (TER)		on on	in the State of
5. Covering Period	03 01 2020	through 03	M / D D / Y B Y B Y B Y B Y B Y B Y B Y B Y B Y
I certify that I have examined	this Report and to the best of Gross, Jennifer, , ,	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasu	rer		
Signature of Treasurer	ross, Jennifer, , ,	[Electronically Filed]	Date 04 / 20 / 2020
NOTE: Submission of false, erro	oneous, or incomplete informatic	on may subject the person signir	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016
l Only l	. 1		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

_	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Write or Type Committee Name WOMEN SPEAK OUT PAC		
I	Report Covering the Period: From:	03 01 2020 To:	03 31 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		1080829.04
	(b) Cash on Hand at Beginning of Reporting Period	2158116.47	
	(c) Total Receipts (from Line 19)	995996.77	2122551.77
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3154113.24	3203380.81
7.	Total Disbursements (from Line 31)	30199.78	79467.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3123913.46	3123913.46
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	D. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	130367.12	
[This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMEN SPEAK OUT PAC

port Covering the Period: From: 03	01 / 2020 To	03 31 2020		
I. Receipts	I. Receipts COLUMN A Total This Period			
` '				
(i) Itemized (use Schedule A)	992681.00	2118131.00		
(ii) Unitemized	3315.77	4420.77		
Lines 11(a)(i) and (ii)	995996.77	2122551.77		
	0.00	0.00		
(such as PACs)	0.00	0.00		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	995996.77	2122551.77		
	0.00	0.00		
All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
	·			
· · · · · · · · · · · · · · · · · · ·	0.00	0.00		
	0.00	0.00		
	0.00	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
	4 4	4 4		
(from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21. Operating Expenditures: (a) Allocated Federal/Non-Federal		1 1 1	Calculate Total to Date		
	Activity (from Schedule H4)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating Expenditures	10312.91	23296.41		
	(c) Total Operating Expenditures		1 1 1 1 1 1 1 1		
	(add 21(a)(i), (a)(ii), and (b))▶	10312.91	23296.41		
	Transfers to Affiliated/Other Party Committees	0.00	0.00		
3.	Contributions to Federal Candidates/Committees	0.00	0.00		
	and Other Political Committees Independent Expenditures	0.00	0.00		
	(use Schedule E)	14886.87	51170.94		
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
S.	Loan Repayments Made	0.00	0.00		
		4 4			
	Loans Made	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees				
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
	(add Lines 28(a), (b), and (c))	0.00	0.00		
١.	Other Disbursements (Including				
	Non-Federal Donations)	5000.00	5000.00		
	Federal Election Activity (52 U.S.C. § 30101(20	0))			
	(a) Allocated Federal Election Activity				
	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add	7 7	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30199.78	79467.35		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	20120 72			
	110111 E1116 01)	30199.78	79467.35		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	995996.77	2122551.77
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	995996.77	2122551.77
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	10312.91	23296.41
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	10312.91	23296.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FO	R LINE	NUMBER	MDLIT. ITAGE 0 OF 21						24
(ch	eck only	one)							
>	1 1a	11b		11c		12			
	13	14		15		16			17

	y information copied from such Reports and Stat for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			
Α.	Full Name of Individual (Last, First, Middle Initial Chesmore, Greg, A., , Mailing Address 5018 Flambeau Road) or Full Orga	nization Name	Date of Receipt
	City	State	Zip Code	03 13 2020 Transaction ID : SA11AI.16356
	Madison	WI	53705-1302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Bristol Myers Squibb		esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00	
В.	Full Name of Individual (Last, First, Middle Initial Costello, Daniel, , , Mailing Address 69 Waverly Ave.) or Full Orga	nization Name	Date of Receipt
	City	State	Zip Code	03 05 2020
	Clarendon Hills	IL	60514-1236	Transaction ID : SA11AI.16351 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) University of Notre Dame	Occupa Profess	ation (for Individual) sor	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1000,00	
<u>.</u>	Full Name of Individual (Last, First, Middle Initial Dobrzenski, Frank, , ,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 5304 Sapphire Springs Drive			03 01 2020
	City Knightdale	State NC	Zip Code 27545-7585	Transaction ID : SA11AI.16349 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual) Expedient Resource Services	Occupa Principa	ition (for Individual)	Memo Item
		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify)		450.00	
s	UBTOTAL of Receipts This Page (optional)			1650.00
Т	OTAL This Period (last page this line number onl	y)	_	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		7	OF		24	
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	3		17

	ly information copied from such Reports and Sta for commercial purposes, other than using the r				
\setminus	NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Duncan, Jan, , , Mailing Address 2980 Lazy Lane Boulevard	l) or Full	l Orga	anization Name	Date of Receipt
	Walling Address 2900 Lazy Lane Boulevard				03 11 2020
	City	State		Zip Code	Transaction ID : SA11AI.16355
	Houston	TX		77019-1302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			991031.00
	Name of Employer (for Individual)			ation (for Individual)	Memo Item
	Retired	R	Retired	<u> </u>	
	Receipt For: Primary General Other (specify) ▼	Aggrega	ate Ye	ar-to-Date ▼ 1991031.00	
В.	Full Name of Individual (Last, First, Middle Initial Mailing Address	l) or Full	l Orga	anization Name	Date of Receipt
	City	State		Zip Code	
					Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer (for Individual)	O	Occupa	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggrega	ate Yea	ar-to-Date ▼	
c.	Full Name of Individual (Last, First, Middle Initia	l) or Full	l Orga	anization Name	Date of Receipt
.	Mailing Address				M = M / D = D / Y = Y = Y
	City	State		Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer (for Individual)	O	Оссира	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggrega	ate Ye	ar-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)				991031.00
т	OTAL This Period (last page this line number or	nly)			992681.00

17

SCHEDULE B (FEC Form 3X)	lles com	roto och salidi. ()		NUMBER:		PAGE 8 OF 24
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(Orlook orl		□ 00 □ 07	
	Detailed S	Summary Page	X 21b		23 28c	26 27 29 30b
Any information copied from such Reports and Statem	ante may r	not he sold or us				
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
WOMEN SPEAK OUT PAC						
Full Name (Last, First, Middle Initial)				Dota	Dioburs	vont
A. Anedot, Inc				Date of	f Disbursem	
Mailing Address PO Box 84314				03	31	2020
· · · · · · · · · · · · · · · · · · ·	State	Zip Code		FFC Id	entification	Number
Baton Rouge	LA	70884			J. MIOGUOII	
Purpose of Disbursement Credit Card Processing Fee				C		
Candidate Name			Cata			D : SB21B.16521
-			Category/ Type	Amoun	ιοι ⊨acn C	Disbursement this Period
Office Sought: House Disbursem	nent For:		7 F T	[]		165.10
	Primary	General			7-	
	Other (spec	cify) 🔻		Me	mo Item	
State: District:				+-		
Full Name (Last, First, Middle Initial) B. Campaign Inhox				Date of	f Disbursem	nent
B. Campaign Inbox				M M	/ D D	
Mailing Address 601 New Jersey Ave NW	03	31	2020			
City	State	Zip Code		EEO 14	entification	Number
Washington	DC	20001			entification	INUITIDEI
Purpose of Disbursement Digital Fundraising Consulting	_			C		:
Candidate Name						D : SB21B.16522
Canadate Hame			Category/ Type	Amoun	t of Each D	Disbursement this Period
Office Sought: House Disbursem	nent For:		i ype	-		340.58
	Primary	General			7	
	Other (spec	cify)		Mo	mo Item	
State: District:				LI WIE		
Full Name (Last, First, Middle Initial)				5 .	i Diat	vent
C. Campaign Inbox					f Disbursem	
Mailing Address 601 New Jersey Ave NW				03	/ D D 31	2020
,	State	Zip Code		FEC Id	entification	Number
Washington Purpose of Disbursement	DC	20001				
GOTV Data Validation						
Candidate Name			Category/			D: SB21B.16535 Disbursement this Period
			Type		4011 L	
Office Sought: House Disbursem						250.00
	Primary	General				
State: District:	Other (spec	лгу) ▼		Me	mo Item	
State. District.						
SUBTOTAL of Disbursements This Page (optional)			k			755.68
322.3.1.2 or 2.024.35orito 11110 1 ago (optional)				-	7	7 7
TOTAL This Period (last page this line number only).						

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SCHEDULE B (FEC Form 3X)	FOR LIN	OR LINE NUMBER: PAGE 9 OF 24						
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check or	·				
		Summary Page	28		23 28c	26 27 29 30k	2	
Any information copied from such Departs and Cto	tomonto moi	, not be cold or us						
Any information copied from such Reports and State or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)				Data of I	Diala			
A. Chain Bridge Bank				Date of I	Disburseme	nı / Y Y Y	Y	
Mailing Address 1445 McLaughlin Ave				03	31	2020		
City	State	Zip Code		FEC Ide	ntification N	umber		
McLean	VA	22101					1	
Purpose of Disbursement Bank Fee			· · · ·	C				
Candidate Name						: SB21B.16538		
			Category/ Type	Amount	of Each Dis	bursement this	Period	
Office Sought: House Disburs	sement For:			1 I		163	.94	
Senate	Primary	General				,		
State: District:	Other (sp	ecify) \blacktriangledown		Mem	o Item			
Full Name (Last, First, Middle Initial)								
B. Crosby Ottenhoff Group				Date of I	Disburseme	nt	V	
Mailing Address 611 Pennsylvania Ave Ste #267	03	1						
City								
Washington Purpose of Disbursement	DC	DC 20003 Category/ Type			C			
Compliance Consulting						00040 40500		
Candidate Name						: SB21B.16539 bursement this		
					_			
	sement For:	0			7	1612	2.50	
Senate President	Other (sp	General General						
State: District:	001 (0p	cony		Mem	o Item			
Full Name (Last, First, Middle Initial)				5				
C. Edson, Tim, , ,				Date of I	Disburseme	nı	V	
Mailing Address 2800 Shirlington Rd Suite 1200				03	31	2020		
City	State	Zip Code		EEC Idos	ntification N	umbor		
Arlington	VA	22206		I LO Idei	illication iv	ullibel		
Purpose of Disbursement Travel				C				
Candidate Name			Category/			: SB21B.16524 bursement this		
Office Sought: House Disburs	sement For:		Type	1		1169	0.90	
Senate	Primary	General			7	7	-	
President	Other (sp			Mom	o Item			
State: District:				ivien	o item			
SURTOTAL of Dishuranments This Dags (entional	\					2946	6.34	
SUBTOTAL of Disbursements This Page (optional	J		······			7		
TOTAL This Period (last page this line number on	lv)							

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 24 (check only one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Full Name (Last, First, Middle Initial) A. United Airlines			Date of Disbursement			
Mailing Address 609 Main Street			03 31 2020			
City Houston	State Zip Code 77002		FEC Identification Number			
Purpose of Disbursement Travel Candidate Name		Category/	Transaction ID : SB21B.16524 Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Type	720.20			
State: District:	Other (specify)		★ Memo Item			
Full Name (Last, First, Middle Initial) B. American Airlines Mailing Address 1101 17th NW			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
#600 City		FEC Identification Number				
Washington Purpose of Disbursement Travel Candidate Name	DC 20036		C Transaction ID : SB21B.16524			
	ement For: Primary General	Category/ Type	Amount of Each Disbursement this Period 388.00			
President State: District:	Other (specify)		X Memo Item			
Full Name (Last, First, Middle Initial) 5. i360	Full Name (Last, First, Middle Initial)					
Mailing Address P.O. Box 37046			03 05 2020			
City Baltimore	State Zip Code MD 21297-3046		FEC Identification Number			
Purpose of Disbursement Data Subscription Services Candidate Name	Candidate Name					
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period			
State: District:			Memo Item			
State: President District:	State: District: Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)					

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SCHEDULE B (FEC Form 3X)	Hea sam	rata ach salul-(1)	FOR LINE NUMBER: PAGE 11 OF			
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check on		□ 00] oc
		Summary Page	X 21b 28a		23 28c	26 27 29 30b
Any information copied from such Reports and Statem	ente may n	not be sold or us				
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
WOMEN SPEAK OUT PAC						
Full Name (Last, First, Middle Initial)				Deta of F)iohuraam =	nt
A. i360				Date of L	Disburseme	
Mailing Address P.O. Box 37046				03	28	2020
,	state	Zip Code		FEC Iden	ntification N	umber
Zailinio. c	MD	21297-3046				
Purpose of Disbursement Data Subscription Services			· · · ·	C		
Candidate Name			Catagarii			: SB21B.16532 sbursement this Period
			Category/ Type	Amount (, Lauti DIS	
Office Sought: House Disbursem	ent For:					500.00
	Primary	General			,	
	Other (spec	cify) 🔻		Mem	o Item	
State: District:						
Full Name (Last, First, Middle Initial) B. RCH Associates				Date of F	Disburseme	nt
NOT ASSUCIATES				M M M	/ D D	/
Mailing Address 143 Martin Lane				03	31	2020
,	state	Zip Code		FEC Iden	ntification N	umber
Alexandria Purpose of Disbursement	VA	22304				
Purpose of Disbursement Political Strategy Consulting			· · · ·	C		
Candidate Name			Category/ Type			: SB21B.16523 sbursement this Period
Office Sought: House Disbursem	ent For:		21 -	11:		3000.00
	Primary	General			,	, , , , , , , , , , , , , , , , , , , ,
	Other (spec	cify)		Mem	o Item	
State: District:						
Full Name (Last, First, Middle Initial) C. Remington Research Group, LLC					Disburseme	
Mailing Address 800 W 47th Street Ste 200				03	28	2020
,	state	Zip Code		FEC Iden	ntification N	umber
	МО	64112				
Purpose of Disbursement Survey Research			· · ·	C		
Candidate Name			Category/ Type			: SB21B.1653(sbursement this Period
Office Sought: House Disbursem	nent For:		.,,,,	· · · ·		2500.00
	Primary	General			7	7- 4-
	Other (spec	cify) ▼		Mem	o Item	
State: District:					- 1-	
		_				6000.00
SUBTOTAL of Disbursements This Page (optional)			·····•		7	6000.00
TOTAL This Period (last page this line number only).						10202.02

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 12 OF 24		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check on	· — · — —			
		Summary Page	21b		26 27 29 30b		
Annuintended to an and Otata					, -		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
WOMEN SPEAK OUT PAC							
Full Name (Last, First, Middle Initial)				Data of Diahumaama			
A. Remington Research Group, LLC				Date of Disburseme	/ Y = Y = Y		
Mailing Address 800 W 47th Street Ste 200				03 05	2020		
City Kansas City	State MO	Zip Code 64112		FEC Identification N	lumber		
Purpose of Disbursement	1010	04112		C			
Non Federal - Survey Research				Transaction ID	. CD20 46566		
Candidate Name			Category/		sbursement this Period		
Office Sought: House Disburser	ment For:		Туре		5000.00		
Senate	Primary	General		7	4		
President	Other (spec	eify) ▼		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial) B.				Date of Disburseme	ant		
ь.				M M / D D	/		
Mailing Address					/		
City	State	Zip Code					
Oity	Sidio	Zip Gode		FEC Identification N	lumber		
Purpose of Disbursement				C			
Candidate Name				Assessment of Feeth Bishows are not this Beside			
Sandidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For:		71	1			
Senate	Primary	General					
President	Other (spec	ify)		Memo Item			
State: District: Full Name (Last, First, Middle Initial)				_			
C.				Date of Disburseme	ent		
				M = M / D = D	/		
Mailing Address							
City	State	Zip Code		FEC Identification N			
Purpose of Disbursement				C			
				0			
Candidate Name	Amount of Each Dis	sbursement this Period					
Office Sought: House Disbursement For:							
Senate	Primary	General		4	4		
President	Other (spec	:ify) ▼		Memo Item			
State: District:				Ц			
SUBTOTAL of Disbursements This Page (optional)			·····•		5000.00		
					5000.00		
TOTAL This Period (last page this line number only)					3000.00		

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 24

FOR LINE 13 OF FORM 3X

			, , , , , , , , , , , , , , , , , , , ,
AME OF COMMITTEE (In Full) VOMEN SPEAK OUT P.	AC		Transaction ID : SC/10.9700
LOAN SOURCE Full Name (I Susan B Anthony List, Inc.	ast, First, M	iddle Initial)	N ☐ Memo Item Election: ☐ Primary
Mailing Address 2800 Shirlingto Ste 1200	n Rd		General Other (specify) ▼
City		State	ZIP Code
Arlington		VA	22206
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
	7452.55	7	0.00 77452.55
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M 11 M / 30 / Y 20	017 Y	M M / D D	√ 11/30/2021 0.00 % (apr) Yes x No
List All Endorsers or Guarant	, ,,	to Loan Source	
1. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pa	ge (optional)		77452.55
TOTALS This Period (last page in	this line on	ly)	······································
	o LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	14	OF	24	
FOR	I INE	13 OE	FORM 3Y	

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.13439 WOMEN SPEAK OUT PAC Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc. Memo Item Primary General Mailing Address 2800 Shirlington Rd Other (specify) ▼ Ste 1200 City State ZIP Code 22206 Arlington VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10118.58 10118.58 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 30 11 2018 11/30/2022 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 10118.58 TOTALS This Period (last page in this line only)..... 87571.13 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 15 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

24

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **GOTV Phone Calls** Campaign HQ Mailing Address 109 West Front St State Zip Code Brooklyn IΑ 52211 Transaction ID: SD10.16550 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2324.55 2324.55 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **GOTV Phone Calls** Campaign HQ Mailing Address 109 West Front St City State Zip Code Brooklyn 52211 Outstanding Balance Beginning This Period Transaction ID: SD10.16551 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2324.55 2324.55 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Estimate digital ads Media Bridge Mailing Address 11300 Astarita Ave City State Zip Code 22534 Partlow VA Outstanding Balance Beginning This Period Transaction ID: SD10.15740 2000.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 2000.00 6649.10 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 16
FOR LINE NUMBER: (check only one)

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24

OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Existing Loan owed to SBA Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington VΑ 22206 Transaction ID: SD10.4157 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.4110 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4318 5204.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 5204.43 20704.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

9 **X** 10

24

17 OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington VΑ 22206 Transaction ID: SD10.6625 Outstanding Balance Beginning This Period 8610.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8610.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expense put on SBA CC Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.6756 4709.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4709.73 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): To post Thrifty Car Rental Expense put on Susan B Anthony List, Inc. SBA Card Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.9222 1894.83 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1894.83 15214.56 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: (check only one)

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X	10

24

18 OF

numbered line) NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Supplies Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 State Zip Code Arlington VA 22206 Transaction ID: SD10.15960 Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Travel Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.15958 27.90 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 27.90 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 227.90 1) SUBTOTALS This Period This Page (optional)..... 42795.99 2) TOTALS This Period (last page this line number only)..... 87571.13 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 130367.12 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

TEMIZED INDEPENDENT EXPENDITORES				PAGE 19 OF 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
American Marketing & Publishing				03 11 2020
Mailing Address 7380 Sprout Springs Rd			Λ	
Ste 210 Box 248			All	nount
City	State	Zip Code		3144.25
Flowery Branch	GA	30542		ansaction ID : SE.16180 te of Disbursement or Obligation
Purpose of Expenditure Printing / Postage		Category/ Type		03 / 11 / 2020
Name of Federal Candidate:		✗ Support	Office So	ught: X House District: 03
LIPINSKI, DANIEL WILLIAM, , ,		Oppose		sident Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7	4992.14	Disburser 2020	ment For: x Primary General Other (specify) ▶
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
American Marketing & Publishing				03 11 2020
Mailing Address 7380 Sprout Springs Rd				03 11 2020
Ste 210 Box 248			Am	nount
City	State	Zip Code		3144.25
Flowery Branch	GA	30542		ransaction ID : SE.16181 te of Disbursement or Obligation
Purpose of Expenditure Printing / Postage		Category/ Type		03 / 11 / 2020
Name of Federal Candidate:		Support	Office So	ught: House District: 03
NEWMAN, MARIE, , ,		✗ Oppose		sident Senate State: IL
Calendar Year-To-Date		0420.20	Disburser	ment For: 🗶 Primary General
Per Election for Office Sought	7 7	8136.39	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				6288.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Gross, Jennifer, , ,	Electronically Fil	edl -	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 04	20 2020

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 24
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				IDENTIFICATION NUMBER ▼
			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee American Marketing & Publishing		☐ Memo	tem Date of Pu	blic Distribution/Dissemination
Mailing Address 7380 Sprout Springs Rd			03	13 2020
Ste 210 Box 248			Amount	
City	State	Zip Code		3144.25
Flowery Branch	GA	30542		on ID : SE.16196
Purpose of Expenditure Printing / Postage		Category/ Type	Date of Dis	bursement or Obligation 13 2020
Name of Federal Candidate:		✗ Support	Office Sought:	★ House District:03
LIPINSKI, DANIEL WILLIAM, , ,		Oppose	President	Senate State: IL
Calendar Year-To-Date			Disbursement For	
Per Election for Office Sought	, , ,	11280.64	2020 Other	(specify) ▶
Full Name of Payee American Marketing & Publishing		☐ Memo	tem Date of Pu	blic Distribution/Dissemination
Mailing Address 7380 Sprout Springs Rd Ste 210 Box 248			Amount	
City	State	Zip Code		3144.25
Flowery Branch	GA	30542		on ID : SE.16197 sbursement or Obligation
Purpose of Expenditure Printing / Postage		Category/ Type	03	13 / 2020
Name of Federal Candidate:		Support	Office Sought:	₩ House District:03
NEWMAN, MARIE, , ,		✗ Oppose	President	Senate State:IL
Calendar Year-To-Date Per Election for Office Sought		14424.89	Disbursement For 2020 Other	: x Primary General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures	res			6288.50
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gross, Jennifer, , ,	Electronically Fil	[ed] Date	M M / D 20	2020

TEMIZED INDEPENDENT EXPENDITORES				PAGE 21 OF 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		X Memo	Item Date of	of Public Distribution/Dissemination
Campaign HQ			N	03 / 14 / 2020
Mailing Address 109 West Front St			Amou	
City	State	Zip Code		1162.28
Brooklyn	IA	52211		action ID : SE.16546 of Disbursement or Obligation
Purpose of Expenditure GOTV Phone Calls, originally reported as estimate o \$1,187.50, this is actual	f	Category/ Type		03 / 14 / 2020
Name of Federal Candidate:		X Support	Office Sough	t: Nouse District: 03
LIPINSKI, DANIEL WILLIAM, , ,		Oppose	Preside	ent Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7 7	16049.15	Disbursemen 2020 O	t For: x Primary General ther (specify) ▶
Full Name of Payee		✗ Memo	Item Date of	of Public Distribution/Dissemination
Campaign HQ			N	03 14 2020
Mailing Address 109 West Front St				
			Amou	nt
City	State	Zip Code		1162.28
Brooklyn	IA	52211		saction ID : SE.16547 of Disbursement or Obligation
Purpose of Expenditure GOTV Phone Calls, originally reported as estimate \$1,187.50, this is actual	of	Category/ Type	N	
Name of Federal Candidate:		Support	Office Sough	t: K House District: 03
NEWMAN, MARIE, , ,		x Oppose	Preside	ent Senate State: IL
Calendar Year-To-Date		17211.43	Disbursemen	t For: 🗶 Primary General
Per Election for Office Sought	7 7	17211.40	²⁰²⁰	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• [.,,
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Gross, Jennifer, , ,	Electronically Fil	led1 -	M M /	20 / Y Y Y Y Y Y
Signature	omoung 1 m	_ Date	9 04	20 2020

SOMEDOLL L (LEG FORM OX)							
TEMIZED INDEPENDENT EXPENDITURES	8				PAGE 2		24
NAME OF COMMITTEE (In Full)						24 OF FORM	
WOMEN SPEAK OUT PAC				L Contract	IDENTIFICAT	TON NUMBE	:R ▼
				C	C0053076	6	_
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M II M	/ D D /	Y Y Y	Y
Full Name of Payee		✗ Memo	Item Date	e of Pub	lic Distributio	n/Disseminati	on
Campaign HQ				03	/ D D D	/ Y Y Y Y 2020	
Mailing Address 109 West Front St			Amo	ount			
			AIII	Julit			-
City	State	Zip Code			7 7	1162.2	8
Brooklyn	IA	52211			ID: SE.1659 oursement or		
Purpose of Expenditure GOTV Phone Calls, originally reported as estimate \$1,187.50, this is actual	of	Category/ Type		03	15	2020	
Name of Federal Candidate:		✗ Support	Office Sou	ght:	X House	District:	03
LIPINSKI, DANIEL WILLIAM, , ,		Oppose	l —	ident	Senate	State:	IL
Calendar Year-To-Date			Disbursem		✗ Prima		neral
Per Election for Office Sought	7	18373.71	2020		specify) ▶	,	
Full Name of Payee		∡ Memo	Item Date	e of Pub	lic Distributio	n/Disseminati	on
Campaign HQ		_		M M	/ D D D 15	/ Y Y Y Y 2020	Y
Mailing Address 109 West Front St				03	15	2020	
109 West Florit St			Amo	ount			
City	State	Zip Code				1162.28	8
Brooklyn	IA	52211	I	nsactio	n ID : SE.165 oursement or		
Purpose of Expenditure GOTV Phone Calls, originally reported as estimat \$1,187.50, this is actual	e of	Category/ Type		M M M	15	2020	
Name of Federal Candidate:		Support	Office Sou	ght:	X House	District:	03
NEWMAN, MARIE, , ,		x Oppose		ident	Senate		IL
Calendar Year-To-Date		1 minutes 1	Disbursem	ent For:	✗ Prima	ry Ge	neral
Per Election for Office Sought	7 7	19535.99	2020	Other (s	specify) ▶		
•							
(a) SUBTOTAL of Itemized Independent Expenditure	s					0.00	П
							=
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· • _				
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			(if the re	porting entity	is not a poli	
Gross, Jennifer, , ,	[Electronically Fi	led] Date	e 04	20)20	
0							

TEMIZED INDEPENDENT						PAGE 23	
NAME OF COMMITTEE (In Full)							24 OF FORM 3X
WOMEN SPEAK OUT						DENTIFICATI	ON NUMBER ▼
					С	C00530766	
Check if 24-hour report	48-hour report	New repo	ort Amends repo	ort filed o	on Man	/ D D /	Y " Y " Y " Y
Full Name of Payee Facebook, Inc.			☐ Memo	Item	M M	/ D D /	/Dissemination
Mailing Address 1 Hacker W	 'ay				03 Amount	06	2020
0.14		01-1-	7: 0				222.05
City		State	Zip Code		T. intestion	D 05 4047	923.95
Menlo Park		CA	94025			ID: SE.16170 oursement or 0	-
Purpose of Expenditure Digital Ads, originally reporte actual	d as estimate of \$1,000), this is	Category/ Type		03	06	2020
Name of Federal Candidate:			✗ Support	Office	Sought:	X House	District:03
LIPINSKI, DANIEL WILLIAM,	, ,		Oppose		President	Senate	State: IL
				Н Ш .			
Calendar Year-To-Date Per Election for Office S	Sought		923.95	2020	sement For: Other (s	∡ Primary primary x Primary	y General
Full Name of Payee			☐ Memo	Item	Date of Publ	lic Distribution	/Dissemination
Facebook, Inc.					03 ^M	/ D D /	2020
Mailing Address 1 Hacker W	 /av				00	30	2020
					Amount		
City		State	Zip Code				923.94
Menlo Park		CA	94025		Transaction	n ID: SE.1617 oursement or (-
Purpose of Expenditure Digital Ads, originally report actual	ed as estimate of \$1,00)0, this is	Category/ Type		03	06	2020
Name of Federal Candidate:			Support	Office	Sought:	X House	District:03
NEWMAN, MARIE, , ,			x Oppose	F	President	Senate	State: IL
Calendar Year-To-Date				Disburs	sement For:	✗ Primary	y General
Per Election for Office S	Sought		1847.89	2020		specify) ▶	
					Unei (a	;pecily) ►	
(a) SUBTOTAL of Itemized Inde	ependent Expenditures	·					1847.89
(b) SUBTOTAL of Unitemized I	Independent Expenditur	res					
					7		
(c) TOTAL Independent Expendent	ditures			. •	7	7	
Under penalty of perjury I cer with, or at the request or sugg party committee) any political	gestion of, any candida	ate or authorized					
Gross, Jennifer, , ,	I	[Electronically Fil	led] Date	e 04	M / D D	202	20
Signaturo			_	5		نصحاا	است

TEMIZED INDEPENDENT EXPENDITURES	•				PAGE 2		
NAME OF COMMITTEE (In Full)						24 OF FORM 3X	
WOMEN SPEAK OUT PAC					FEC IDENTIFICATION NUMBER ▼		
WOMEN OF EAR COTTAG				C	C0053076	6	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D /	Y	
Full Name of Payee			Item Date				
Mailing Address 1 Hacker Way				03	13	2020	
T Hacker Way				unt			
City	State	Zip Code				230.99	
Menlo Park	CA	94025		saction I of Disbu	02 Obligation		
Purpose of Expenditure Digital Ads, originally reported as estimate of \$250, this is actual Category/ Type				03	13	2020	
Name of Federal Candidate:		Support	Office Soug	ıht [.]	X House	District:03	
NEWMAN, MARIE, , ,	Oppose	Presi	_	Senate	State:IL		
Calendar Year-To-Date Per Election for Office Sought 14655.88			Disburseme	ent For: Other (sp	✗ Prima	ry General	
Full Name of Payee			1_				
1 Hacker Way				Amount			
City	State Zip Code			230.99			
Menlo Park	CA	94025	Trai	Transaction ID : SE.16203 Date of Disbursement or Obligation			
Purpose of Expenditure Digital Ads, originally reported as estimate of \$250, this is actual Category/ Type				03	13	2020	
Name of Federal Candidate:		x Support	Office Soug	ıht:	K House	District:03	
LIPINSKI, DANIEL WILLIAM, , ,	Oppose	Presi		Senate	State:IL		
Calendar Year-To-Date Per Election for Office Sought 14886.87 Disbursement For: ✓ Primary ☐ General 2020 ☐ Other (specify) ►						ry General	
(a) SUBTOTAL of Itemized Independent Expenditures							
				cooperat	tion consul	14886.87	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Gross, Jennifer, , ,	[Electronically Fil	ded] Date	e 04	20)20	
-							